

ASS. REC. BY: Steve

REF: CC2/MIDF22 000015/r

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SNC 7425E Yr Regn: 25/3/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Suzuki Swift c.c. 998

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 15828 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JSAM2C13800303.724

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 185/55R16

R: 13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 29/12/21

Survey held at Barneo Motors

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-78K</u>

Date/Time, File Pass to?  : Prell. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_ )

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ S + RS. \_\_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_



# Champion Motors

Inchcape

Co. Reg No. : 195000068E  
GST Reg No. : MR-8500000-9  
No. 2 Pandan Crescent  
Singapore 128462 Tel: 66311855



Steve (LKK)  
12/1/22, 10.00am

With Prejudice  
PIP  
Resury Before Spray  
3 days

## ESTIMATE

Account Details	Account No.	Customer Details
THIRD PARTY CLAIM	S8000025 / TPCL	Service Retail Cash Sales Body & Paint
	Document No. 0	Service Retail Cash Sales Body & Paint
	Document Date 31/12/2021	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2019	SWIFT	2LM1CXF35	25/03/2020	SNC7425E	0	12127	

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JSAAZC13S00303724	K10C1263759	60	Thomas Pang W T	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	S	S-BMS TP INS: TP VEH: MID46346 DATE OF ACC: 29.12.2021		100.00		50 100.00
2	S	S-BMS REPLACE AND REFOCUS HEADLAMP		99.62		99.62
3	S	S-BMS TO RESET ECU AND REPROGRAMME		146.50		146.50
4	S	S-BMS R/I FRONT BUMPER SPOILER TO FAC REPAIR.		146.50		146.50
5	S	S-BMS TO CONDUCT ADJUSTMENT ON FRONT RADAR SEN SOR		146.50		146.50
6	S	S-BMS REPLACE ACC DAMAGED PARTS 586x1 AND STRAIGHTEN/REALIGN ACC AFFECTED AREAS		1172.00		586 1172.00
7	S	S-BMS RESPRAY ACC AFFECTED AREAS 484x1		968.00		484 968.00
8	1	S35320-52RF0-000 UNIT, HEADLAMP, L / cut	1.00	1727.40		1727.40
9	2	S71711-53R00-799 BUMPER, FR Y R	1.00	659.55		659.55
10	3	S71732-53R00-000 HOLDER, FR BUMPER SIDE, L	1.00	7.35		7.35
11	4	S71734-52R00-000 HOLDER, FR BUMPER FR, L	1.00	8.40		8.40

For & on behalf of Champion Motors (1975) Pte Ltd	Customer's Signature	Charge Summary	Total	5,181.82
the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a 'Without Prejudice' basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company	Please acknowledge receipt of vehicle	Parts 2,402.70 Labour 0.00 Sublet 2,779.12 Lubrication/Fluid 0.00 Others 0.00	GST 7.00%	362.73
			Less	0.00
			Amount Due	5,544.55

Acknowledged by Repairer

Signature:

Date:

Customer Copy

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	30/12/2021 21:19 (SGT)
Date of Accident	29/12/2021 14:23 (SGT)
Exact Location of Accident	Lim Chu Kang Rd, Singapore
Additional Location Information	Tengah airbase
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7425E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OW KHENG FONG
NRIC No	SXXXX597B
Email Address	kfow66@singnet.com.sg
Mobile Phone No	(Phone) +65-81817938
Alternative Phone No	+65-81817938

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variation	1.0T GLX AT
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	998

### INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11109991
Cover Note Number	NA

### DRIVER

Name of Driver	Ow Jon Kit
NRIC No	TXXXX272H

Date Of Birth	17/01/2000
Occupation	Outdoor
Date Of Driving Pass	19/12/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-81817938
Alt. Phone Number	-
Email Address	kfow66@singnet.com.sg
Address	490 Jurong west ave 1
Address complement	#09-17
Postcode	640490
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

My vehicle SNC7425E was parked(stationary) at the open carpark of Tengah airbase. 3rd party vehicle MID46346 is trying to reverse into the directly opp lot of my vehicle . He then moved head in to the handicapped lot next to my vehicle. Then realised that his vehicle is too near to the curb ( note that the handicapped lot is the last lot at the end of the carpark. Then he tried to moved nearer to the left . While reversing out he scratched my vehicle front left. Causing my bumper to protrude out , scratches to my paint work & my headlight damaged. No injuries was involved at the scene.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MID46346
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	LOW DEL JIA
NRIC No	TXXXX304D
Contact Number	(Phone) +65-89384595
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GiA Records Management Centre established by the General Insurance Association of Singapore (GiA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GiA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GiA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

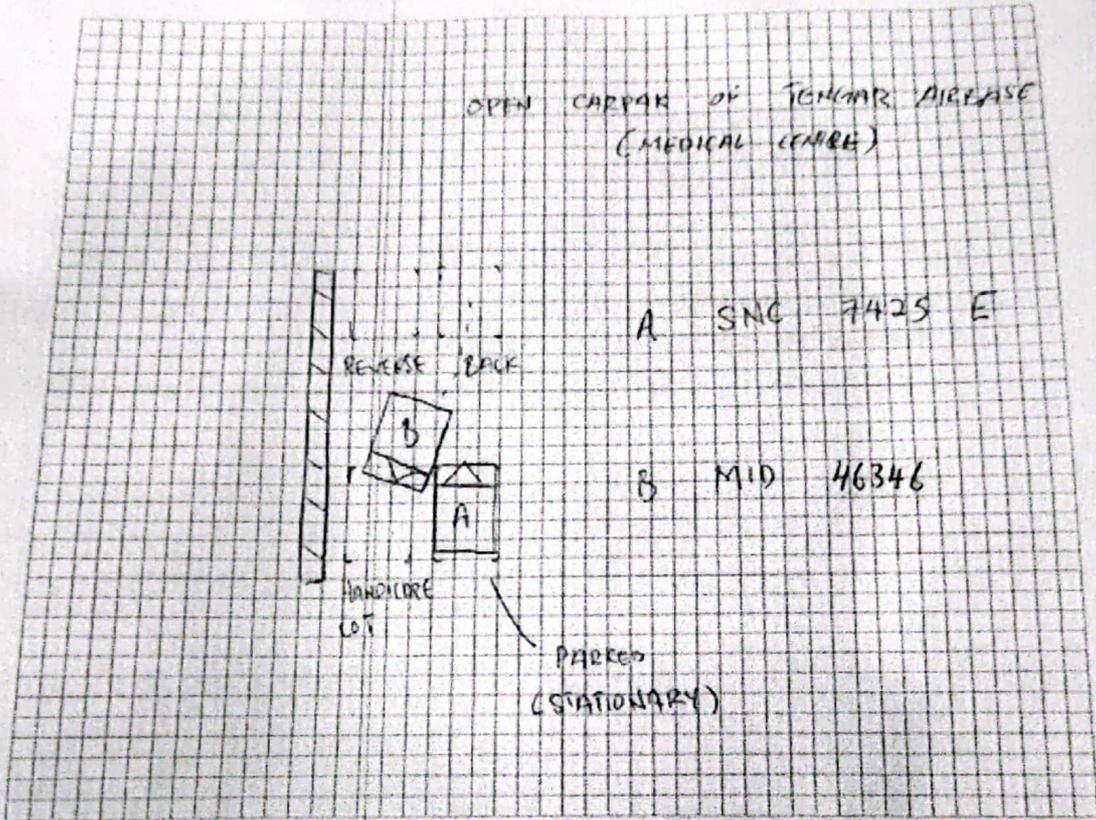
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM



**VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI**

*J. Kev*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SNC7425E was parked(stationary) at the open carpark of Tengah airbase. 3rd party vehicle MID46346 is trying to reverse into the directly opp lot of my vehicle . He then moved head in to the handicapped lot next to my

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MUHAMMAD SUMARDI BIN MOHD AFFANDI  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No: